



## **cultivate columbia**

A Celebration of Local Community

**June 25, 2022**

**5:30 p.m.**

**Best Western PLUS Hood River Inn**

### **Sponsorship Levels**

#### **Platinum Presenting Sponsor - \$5,000**

Table reserved for eight  
Special recognition at the event  
Featured on event signage  
Logo on all event outreach materials  
Featured in print ads, radio spots and social media posts as a presenting sponsor  
Featured on our website as a presenting sponsor  
Tax-deductible as allowed by law

#### **Gold Sponsor - \$2,500**

Four individual reservations  
Special recognition at the event  
Featured on event signage  
Logo on all event outreach materials  
Mention in social media posts  
Tax-deductible as allowed by law

#### **Silver Sponsor - \$1,000**

Special recognition at the event  
Logo on all outreach materials  
Mention in social media posts  
Tax-deductible as allowed by law

#### **Bronze Sponsor - \$500**

Special recognition at the event  
Logo on web outreach materials  
Tax-deductible as allowed by law

All net proceeds benefit Skyline Health's programs and services.

Please contact Dawn Nielson, 509-637-2603 or [dawnnielson@skylinehospital.org](mailto:dawnnielson@skylinehospital.org) for more information.



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### Sponsor Registration Form

(Please Print)

*100 percent of the net-proceeds benefit Skyline Health programs and services.*

Platinum Presenting Sponsor (\$5,000)

Silver Sponsor (\$1,000)

Gold Sponsor (\$2,500)

Bronze Sponsor (\$500)

Corporation Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Business Address: \_\_\_\_\_

**Please let us know how you would like your organization recognized on printed materials:**

\_\_\_\_\_

Total of \$\_\_\_\_\_ is enclosed or to be charged on a credit card.

**Payment Information:** Please make **checks payable to Skyline Foundation**. If paying by credit card, please provide the following information:

Visa

MasterCard

Discover

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_ CSC # (on back of card): \_\_\_\_\_

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Please contact Dawn Nielson, 509-637-2603 or [dawnnielson@skylinehospital.org](mailto:dawnnielson@skylinehospital.org) for more information.

If your level of sponsorship includes a table or seats at a table, (see sponsorship opportunities), please fill out the following information.

Guest attending (please print):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

**Reservations held at the door.**

**Thank you for your support of Skyline Foundation and Cultivate Columbia.  
We look forward to seeing you on June 25!**